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## \*BIBDATASHEET\*

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CONFIRMATION NO. 6486

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## APPLICANTS

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\*\* CONTINUING DATA *Memorandum*

This application is a CON of 09/889,314 11/20/2001 ABN which is a 371 of PCT/GB00/00237 01/28/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

UNITED KINGDOM 9902555.3 02/05/1999

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 11/06/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 0	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>P. Burnie</i> Examiner's Signature	Initials			

## ADDRESS

43569

## TITLE

MEDICAMENT FOR THE TREATMENT OF CHLAMYDIAL INFECTION

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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